RI Department of Health
Office of Communicable Diseases
Haemophilus influenzae-Invasive Disease

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Investigation – RI Definitions & Rules for Entering Investigation Invasive Disease attributed to Haemophilus influenzae

Note: All fields in **RED** are required by the NEDSS system; all **BOLDED** fields are required by RI.

Any questions that relate to ABC Investigation do not have to be answered

Brief Description or Field Name	Description	RI Rules for Data Entry
Investigation Summary		
Jurisdiction	**The region responsible for the investigation**	**Required; RI has only 1 jurisdiction**
Program Area	**The organizational ownership of the investigation. Program areas(e.g. General Communicable Diseases, Hepatitis, STD, HIV/AIDS, Vaccine Preventable) are defined by the conditions for which they provide primary prevention and control.**	**Required. This is pre-populated based on the condition.**
State Case ID	Open field to be used by OCD, if needed.	Leave blank.
Investigation Start Date	**Date the investigation was started.**	**Required**
Investigation Status	**The status of the investigation: Open or Closed.**	**Leave as OPEN until the investigation is completed (i.e. until all pertinent facts necessary to evaluate the risk and determine if treatment is necessary.) Then change to closed**
Share record with Guests	This field indicates whether or not the record should be shared with all users who have guest privileges for the Program Area/Jurisdiction.	Defaults to checked. OK to leave checked. Not in use by RI at this time
Investigator	**The name of the person who is responsible for the case investigation**	**Required. Quick code = first initial of first name +first 5 letters of last name.**
Date assigned to Investigation	**The date that the Investigation was assigned to the investigator or the date the investigator started the investigation if self-assigned**	**Required**

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Brief Description or Field Name	Description	RI Rules for Data Entry
Reporting Source		
Date of Report	**Date first reported by reporting source if reported by phone or date reported to health according to lab or morbidity report.**	**Required**
Reporting Source	Type of facility or provider associated with the source of information sent to Public Health. For Animal Rabies it would be the Health Laboratory	Leave Blank
Earliest Date Reported to County	Date first reported to County	Leave blank
Earliest Date Reported to State	Date first reported to State	Not required
Reporter	Search table for who Reported the case	Not required.
Clinical		
Physician	Search table for patient's physician.	Enter if known
Was the patient hospitalized for this illness?	**Was the patient hospitalized for this illness?**	**Required**
Patient Chart Number	If this case involved a chart review enter the chart number	Enter if known
Hospital	The hospital where the patient was hospitalized or where the diagnosis was made	Enter if known
Admission Date	Date of admission	Enter if known
Duration of Stay in days	How many days the patient was hospitalized for this condition	Enter if known
Diagnosis Date	Date of diagnosis of condition being reported.	Not required
Was the patient transferred from another hospital		Enter if known
Questions on Condition		

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Brief Description or Field Name	Description	RI Rules for Data Entry
Illness Onset Date	Date of the beginning of the illness. Reported date of the onset of symptoms of the condition being reported to the public health system. Enter date of 1st symptom related to this illness	Enter if known
Illness End Date	The time at which the disease or condition ends.	Not required
Type of infection caused by organism	**Multi-selection possible. Select more than one if required**	**Required**
Bacterial species isolated from any normally sterile site	**This is required for notification.**	**Required** **Haemophilus influenzae, invasive should automatically appear, when an investigation is opened.**
Date first positive culture obtained:		**Required**
Sterile sites from which organism isolated	**Can select more than one site here**	**Required**
Nonsterile sites from which organism isolated		Enter if known
Did the patient have any underlying conditions?		**Not required**
Underlying Conditions		**Not required**
Did the patient die from this illness?		**Required**
What was the serotype?		**Required**
Was the patient < 15 years of age the time of the first positive culture.		**Enter if known.**
Epidemiologic		
If < 6 years of age is the patient in daycare?	**(Daycare is defined as a supervised group of 2 or more unrelated children for > 4 hours/week)**	**Enter if known.**
Was the patient a resident of a nursing home or other chronic care facility at the time of the first positive		**Enter if known.**

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Brief Description or Field Name	Description	RI Rules for Data Entry
culture?		
Is this part of an outbreak?		**Required**
Where was the disease acquired?		**Enter if known.**
Confirmation Method	Code for the mechanism by which the case was classified. This attribute is intended to provide information about how the case classification status was derived. Example: Clinical diagnosis (non-laboratory confirmed), Epidemiologically linked, Laboratory confirmed, Unknown	Enter if known.
Case Status	**Indication of the level of certainty regarding whether a person has a disease/condition. Where applicable, is defined by CSTE/CDC Standard Case Definition. For example: Confirmed, Probable or Suspect case.**	**Required for Notification** **Unknown STATUS if you are working on the case but have not determined a status at this time.**
MMWR Week	**MMWR Week for which case information is to be counted for MMWR publication.**	**Required** **Onsets in 2006 vs 2007**
MMWR Year	**MMWR Year (YYYY) for which case information is to be counted for MMWR publication.**	**Required**

Notes: